## **APPLICATION FORM OF PMAY**

1	Name of head of the family					
2	Sex []	Male: 01, Female: 02]				
3	Fathe	er's Name				
4	Prese	Present Address and Contact Details				
	i	House/Flat/Door No.				
	ii	Name of the Street				
	iii	City				
	iv	Mobile No.				
5	Perm	anent Address				
	i	House/Flat/Door No.				
	ii	Name of the Street				
	iii	City/Village				
	iv	District, State				
6	Ownership details of existing house					
		[Won-01, Rent-02, Otherwise-03]				
7	Type of the house based on roof type					
	[Pucca (CC & Stone Slab)-01, Semi-Pucca (Asbestos/Steel Sheet, Tiled)-02, Katcha(Grass/thatched, Tarpaulin, Wooden)-03]					
8	Num kitch	ber of rooms in the dwelling unit excluding en				

Aadhaar Card, if not available							
Voter ID Card/Any other unique or a certificate of house owners	hority of beneficiary's native district						
Number & age of family members							
Relationship to Head of the Family	Gender	Age	Aadhaar Card, if not available Voter ID Card/Ar other unique identification number or a certificat of house ownership from Revenue Authority of beneficiary's native district				
Religion							
[Hindu-01, Muslim-02, Christian-05, Buddhism-06, Zoroastrianism							
Caste							
[General-01, SC-02, ST-03, OBC	-04]						
Bank Details							
a Bank account number							
b Name of the Bank & Bran	ch						
Number of Years of Stay in this Town/City							
[0 to 1 year-01, 1 to 3 years-02, 3 than 5 years-04]	to 5 years-03						
Size of existing dwelling unit (C	'arnet area ir						

16	Whether the family owns any house/residential land anywhere in India (Yes/No)				
	c If yes, then location details				
	(Locality/City/State)				
	d If yes, then extent of land in Sq. mtrs				
17	17 Employment Status				
	(Self Employed-01, Salaried-02, Regular Wage-03, Labour-04, Other-05)				
18	18 Average monthly income of household (in Rs.)				
19	19 Does the family have a BPL Card (Yes/No)				
	a. If yes, Provide BPL Card No.				
20	·				
	(New House-01, Enhancement-02)				
21	21 In case of enhancement, please specify enhancement required				
	[One room/Kitchen/Bath/Toilet or combination of these]				
20	Preferred component of Mission under which beneficiary need assistance under HFA				
	i Credit linked subsidy -01				
	<ul><li>ii Affordable Housing in Partenership-02</li><li>iii Self construction -03</li></ul>				
	Signature/Thumb Impression of Head of Household				
	Note: * Same format shall be used for ineligible slum dwellers and beneficiary of those slums, which have not been considered for slum redevelopment through Private Participation as per process flow chart of HFAPoA at page No. 17 of the <b>"Housing for All"</b> Scheme guidelines.				
	Signature of representative of ULB in-charge of above information				